



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)
Fax: (502) 696-5230 ~ <http://bmt.ky.gov>

Form Revision Date:

September /2015

Fee Received:

APPLICATION FOR RENEWAL

INSTRUCTIONS

- Refer to KRS 309.357 (3) (4) (5) (6) and KRS 309.361; 201 KAR 42:040
- Type or print the information legibly and complete it in its entirety.
- List *each* business phone number and business address where you practice massage therapy.
- Attach continuation sheets if more space is needed to provide information.
- Submit a list of continuing education coursework, showing a minimum of 24 hours taken within the renewal period.
- Clearly identify completion of three (3) hours of continuing education in ethics.
- For late renewals attach documentation of continuing education coursework.
- Enclose the *non-refundable* renewal fee. All fees paid by check or money order shall be made payable to **Kentucky State Treasurer**. DO NOT SEND CASH.
- Mail your application to *the Kentucky Board of Licensure for Massage Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 911 Leawood Dr., Frankfort, KY 40601.*
- **Affix a two (2) inch by two (2) inch or larger passport quality color photograph of the applicant to the application form.**
- **You shall not practice beyond your expiration date until your license renewal has been approved by the Board.**

REQUIRED APPLICATION INFORMATION

Last Name		First Name		Middle Initial	Maiden Name
Home Address: Street		City	County	State	Zip Code
Phone number					
Business Name					
Business Address: Street		City	State	Zip Code	Phone number
() -	-	-	/	/	
Primary Phone Number		Social Security Number		Date of Birth	Email Address

Date of Expiration of Current License _____

Type of Renewal

- | | | |
|--------------------------|---|---------------|
| <input type="checkbox"/> | Submitted on or before the renewal date | fee: \$100.00 |
| <input type="checkbox"/> | 1-60 days past the renewal date | fee: \$150.00 |
| <input type="checkbox"/> | 61-90 days past the renewal date | fee: \$200.00 |
| <input type="checkbox"/> | Beyond 90 days, new application required | |

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been convicted of a misdemeanor or violation since your last application? If yes, attach an explanation and official court documentation. Minor traffic violations do not require official documentation. KRS 309.358 (3) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been convicted of a felony, including a plea of nolo contendere, a guilty plea or entry into a diversionary agreement since your last application? If yes, attach an explanation and official court documentation showing the disposition of your case. KRS 309.358 (3) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been subjected to disciplinary action, including voluntary relinquishment, by a state or local government licensure board, NCBTMB, or a professional association of massage therapy since your last application? If yes, attach an explanation and supporting documentation. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you defaulted on the repayment obligation of financial aid programs administered by the Kentucky Higher Education Assistance Authority (KHEAA) per KRS 164.772 since your last application? |

Page 2 of APPLICATION FOR RENEWAL OF ACTIVE LICENSE

INSTRUCTIONS: In the table below, list all requested information for the courses you completed in the two years preceding your current renewal date. Incomplete information will be returned. You shall obtain 24 hours of continuing education during your renewal period. All hours shall be related to the field of massage therapy and 3 of those hours shall be in the study of ethics. Enter the total hours earned on the line indicated. Add an additional page if necessary.

Audited and late renewal applications only: Attach *copies* of the documentation of your coursework.

Carry-over Hours: List carryover coursework separately in the section provided. Up to 12 hours of continuing education hours may be “carried over” from the previous renewal period. However, hours earned in a single course *may not* be split between renewal periods.

Ethics Course Name & Number	Provider Name & Number	Provider Phone Number	Date or Dates of Completion	Hours Earned
Course Name & Number	Provider Name & Number	Provider Phone Number	Date or Dates of Completion	Hours Earned
Carryover* Course Name & Number (if used)	Provider Name & Number	Provider Phone Number	Date or Dates of Completion	Hours Earned

*Up to 12 hours of continuing education hours may be “carried over” from the previous renewal period. However, hours earned in a single course may not be split between renewal periods.

TOTAL CE HOURS APPLIED TO THIS RENEWAL PERIOD

APPLICANT AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentation or falsification on this application, the Kentucky Board of Licensure for Massage Therapy could deny or revoke my license.

Applicant Signature

Date